

State of New Mexico Pre-employment Training Program (PETP) for Film & Multimedia Industries

TRAINEE CERTIFICATION FORM*

1. Trainee Name (Last, First): _____
2. Month/Year of Birth: ____/____ (Must be 18yrs of age); Last four numbers of your SSN: __ __ __ __
3. Trainee must be a New Mexico resident and complete a Declaration of Residency form as issued by the State of NM Tax & Revenue Department to submit to the Contractor/Head Instructor with a copy of proof of residency (form attached.) Trainee must also be of a legal resident of the United States.
4. Trainee must meet one of the following criteria to participate in this class. Please circle the letter of each sentence that applies to you:
 - a. Trainee is a member of a film industry union or guild.
 - b. Trainee has a minimum of three credits from commercials, shorts and/or documentaries pertaining to this pre-employment training class; and trainee, has the intent to refine their skills in their primary craft to either work on feature films/television productions or in a NM film-related industry or business.
 - c. Trainee has completed and received a certification or degree from an educational institution with a concentration in the film department pertaining to this pre-employment training course or a related craft as determined by the New Mexico Film Division. (Attach copy of completion certificate.)
 - d. Trainee has passed and completed one semester of the Film Technicians' Training Program (FTTP) with the intent to pursue the craft taught in this pre-employment training course and has a letter of recommendation from the FTTP head instructor.
 - e. Trainee has worked or currently works for a film-related industry or company as determined by the New Mexico Film Division for at least three months in a position that directly relates to this pre-employment training class thus having experience that would directly transfer onto a film production in conjunction with this course.
5. Trainee must attach a current, one-page resume with this form and must include contact information for at least two references.
6. *Optional information:* Trainee is seeking employment on _____ (production title); in the position of: _____ (job title).

I hereby certify the above information and attached documents are just and true in all respects.

Trainee Signature

Date

*This form must be completed either prior to or on the first day of class and submitted with attachments to the Head Instructor.
Classes registration is based on first come first serve until maximum number of trainees is reached.